

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041064
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2967

FILED OCT 26 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PAGEDALE		c. CITY OR TOWN PAGEDALE	
Length of stay in lb 10 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6750 SCHOFIELD		d. STREET ADDRESS (If outside, give location) 6750 SCHOFIELD	
3. NAME OF DECEASED (Type or print) First PHILIP Middle L. Last KESSELRING		4. DATE OF DEATH Month 10 Day 13 Year 62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-17-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (last birthday) 76
11a. BIRTHPLACE (City and state or country) ST. LOUIS MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HENRY KESSELRING		13b. MOTHER'S MAIDEN NAME LOUISA ROTH	
14. NAME OF HUSBAND OR WIFE ELLEN KESSELRING		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address ELLEN KESSELRING 6750 SCHOFIELD	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Cerebral Thrombosis DUE TO (c) Cerebral Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH acute	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9/12/62 to 10/13/62 and last saw her/him alive on 10/9/62 Death occurred at 3:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 6820 Page 22c. DATE SIGNED 10/15/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-16-62	23c. NAME OF CEMETERY OR CREMATORY HRAM PARK	23d. LOCATION (City, town, or county) (State) ST LOUIS CO MO
24. FUNERAL DIRECTOR ADDRESS EARL HILLEMAN OVERLAND 14 MO.		25. DATE RECD. BY LOCAL REG. 10-15-62	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Carl F. Allen

Licensed Embalmer No. 3601

P. O. Address

Beulah, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.